

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No. 4022-000014

First Inventor Richard M. Hogan et al.

Title ADHESIVE SHEETS AND METHODS FOR THEIR USE

Express Mail Label No. EV 406 074 719 US (3/12/2004)

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-14501. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.3. ☒ Specification [Total Pages 23]

(preferred arrangement set forth below)

- Descriptive title of the Invention

- Cross References to Related Applications

- Statement Regarding Fed sponsored R & D

- Reference to sequence listing, a table,

or a computer program listing appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2]

5. Oath or Declaration [Total Pages 5]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).6. ☒ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statements verifying identity of above copies**ACCOMPANYING APPLICATIONS PARTS**9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney11. ☐ English Translation Document (if applicable)12. ☒ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Request and Non Publication under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.17. ☒ Other: Check in the amount of \$1,530.0018. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: ____ / ____

Prior application information: Examiner ____

Group / Art Unit: ____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

27572

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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Anna M. Budde/Mark A. Frentrup

Registration No. (Attorney/Agent)

35,085/41,026

Signature

Mark A. Frentrup

Date

Mar 12, 2004

EV 406 074 719 US

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number Filing Date First Named Inventor Examiner Name Art Unit	Not Yet Assigned Herewith Richard M. Hogan Not Yet Assigned Not Yet Assigned
TOTAL AMOUNT OF PAYMENT (\$) 1530		Attorney Docket No. 4022-000014	

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order </p> <p> <input type="checkbox"/> Deposit Account: </p> <div style="margin-left: 40px;"> Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C. </div> <p> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>					<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																																
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1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																	
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																																																																	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																	
SUBTOTAL (2)					(\$ 640)																																																																																																																																																																																																																																																

<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	Anna M. Budde Mark A. Frentrop	Registration No. Attorney/Agent	35,085 41,026	Telephone	248-641-1600
Signature				Date	Mar 12 2004

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